

## ISSUE SLIP STAPLE AREA (for additional cross references)

1029-493

PCL. ICH	INITIALS	NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

131  
A-S 943 1-29-1

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
-	..... Restricted	O	Objected

Claim	Date	
Final	Original	
1	10-2-1943	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
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Claim	Date	
Final	Original	
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Claim	Date	
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If more than 150 claims or 10 actions  
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Best Available Copy